

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7566	2. Fiscal Year Covered From: 11/1/04 Through 12/31/04		
3. Name and address of person filing. Name: AORIAN A. QUINTANA	4. Name, file number, and address of labor organization. Name: NEW MEXICO ENCLAVE PARTNERS & CEMENT Labor Organization File Number: 037632		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street: 8109 CALLE ENSUENO NW	Street: 108 GENERAL ARNOLD DR.		
City: ALBUQUERQUE	City: ALBUQUERQUE		
State: NEW MEXICO	ZIP Code + 4: 87120	State: NEW MEXICO	ZIP Code + 4: 87123
5. Position in labor organization. APPRENTICE COORDINATOR			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any). Name: _____ Trade Name, if any: _____	7.a. Nature of Interest, Transaction, or Income. _____
P.O. Box, Bldg., Room No., if any Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.b. Amount. _____

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Aorian A. Quintana

On **8-10-05**

Date

505-323-3424

Telephone Number

Name of Person Filing ADRIAN A. QUINTANA		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLASTERERS + CEMENT MASON TRUST FUND Trade Name, if any: PLASTERERS AND CEMENT MASON P.O. Box, Bldg., Room No., if any Street 108 GENERAL ARNOLD NE. City ALBUQUERQUE State NEW MEXICO ZIP Code + 4 87123</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NEW MEXICO OPERAIA TRUST FUND Trade Name, if any: COMPUSYS, INC P.O. Box, Bldg., Room No., if any P.O. BOX 11399 Street 1200 SAN PEDRO N.E. City ALBUQUERQUE State NEW MEXICO ZIP Code + 4 87110</p>		<p>11.a. Nature of such dealing. CONFERENCE IS FOR LEARNING THE INTER WORKINGS OF A TRUST FUND AS A TRUSTEE</p>
		<p>11.b. Approximate dollar value of such dealing. # 220</p>
		<p>12.a. Nature of interest held or income received.</p>
		<p>12.b. Amount. 0</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NM CM PENSION TRUST FUND Trade Name, if any: PLASTERERS AND CEMENT MASON P.O. Box, Bldg., Room No., if any P.O. BOX 11399 Street 1200 SAN PEDRO NE. City ALBUQUERQUE State NEW MEXICO ZIP Code + 4 87110</p>		<p>14.a. Nature of payment.</p> <p>I ATTENDED A SEMINAR FOR TRUSTEES HELD BY THE INTERNATIONAL FOUNDATION, I WAS ADVANCED \$500 OF WHICH I USED \$220, UPON MY RETURN I ISSUED A CHECK FROM MY PERSONAL ACCOUNT FOR \$279 THE CHECK NUMBER IS 5958</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>		<p>14.b. Amount of payment. \$ 500</p>